

No. 2
-12-45
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12798

FILED APR 23 1947

Primary Registration District No. 41225273

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Nixa
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R. F. D. # 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 66 years 3 Mo. 6 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Nixa
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. # 1.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rosettie Deckard

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mike Deckard

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Dec. 13 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1947 hour 4 minute 55 P.M.

21. I hereby certify that I attended the deceased from Mar 11, 1947, to Mar 19, 1947
that I last saw h. alive on Mar 19, 1947
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>3</u>	<u>6</u>	hr. _____ min. _____

Immediate cause of death Bronchial Pneumonia

Due to Valvular Heart Disease

Due to _____

9. Birthplace Douglas Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At Home

Other conditions —
(Include pregnancy within 3 months of death)

Major findings: —
Of operations —

Of autopsy no

MOTILIER FATHER { 12. Name Charlie Ice

13. Birthplace Douglas County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Peggy Hammons

15. Birthplace Douglas County Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mike Deckard

(b) Address Nixa Mo. R # 1.

17. (a) Burial (b) Date thereof 3-21-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address Springfield Mo.

19. (a) Mar. 27, 1947 (b) Alline Deier
(Date received local registrar) (Registrar's signature)

While at work? no (Specify type of place)

(c) Means of injury _____

23. Signature H F Kern (M. D. or other) _____

Address 936 E. Grand Date signed Mar 20

60

Springfield

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 3;

District File Number 447-440

Date Filed APR 16 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Ogle Slone Jr.
Licensed Embalmer No. 4176

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.